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County: Racine
SOUTHERN WISC. CTR. FOR DEV. DISABLED
21425 SPRING STREET
UNION GROVE 53182 Phone: (26) UNION GROVE 53182 Phone: (262) 878-2411
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 366
Total Licensed Bed Capacity (12/31/00): 366
Number of Residents on 12/31/00: 273 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? State **FDDs** No No Average Daily Census: 279

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3)	/00)	Length of Stay (12/31/00	) %
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%   	Age Groups	% 	Less Than 1 Year 1 - 4 Years	1. 5 2. 2
Supp. Home Care-Household Services Day Services	No No	Developmental Disabilities Mental Illness (Org./Psy)	100. 0 0. 0	Under 65 65 - 74	95.6 $4.0$	More Than 4 Years	96. 3
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	0.4		100. 0
Adult Day Care Adult Day Health Care	No No	Al cohol & Other Drug Abuse Para-, Quadra-, Hemi plegic	0. 0 0. 0	85 - 94 95 & Over	0. 0 0. 0	Full-Time Equivale	nt
Congregate Meals Home Delivered Meals	No No	Cancer Fractures	0. 0 0. 0		100. 0	Nursing Staff per 100 R (12/31/00)	esi dents
Other Meals Transportation	No No	Cardi ovascul ar Cerebrovascul ar	0. 0 0. 0	65 & 0ver	4. 4	RNs	11. 4
Referral Service	No	Di abetes	0.0	Sex	%	LPNs	4. 9
Other Services Provide Day Programming for	No	Respiratory Other Medical Conditions	0. 0 0. 0	Male	69. 6	Nursing Assistants Aides & Orderlies	113. 2
Mentally Ill Provide Day Programming for	No		100. 0	Female	30. 4		
Developmentally Disabled	Yes	*******	*****	*****	100.0	*****	****

## Method of Reimbursement

		Medica (Title			Medic Title			0th	er	Pri	vate	Pay	N	Manageo	l Care		Percent
			Per Die	em		Per Die	m		Per Dien	n		Per Diem		Ĭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	ŏ	0. 0	\$0.00	ŏ	0. 0	\$0.00	ŏ	0. 0	\$0.00	ŏ	0. 0	\$0.00	ő	0. 0	\$0.00	ŏ	0. 0%
Intermedi ate				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				273 10	00.0	\$371.47	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	273	100.0%
Traumatic Brain Inj		0. 0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0%
Ventilator-Dependen	t 0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Total	0	0. 0		273 10	00.0		0	0.0		0	0.0		0	0.0		273	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti on	s, Services	s, and Activities as	of 12/3	1/00
beachs burning keporering refrou				% N	eedi ng			Total
Percent Admissions from:		Activities of	%		tance of	% Totally	N	umber of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent		Two Staff	Dependent	R	esi dents
Private Home/With Home Health	0.0	Bathi ng	5. 5		52. 4	42. 1		273
Other Nursing Homes	0.0	Dressi ng	18. 7		45. 1	36. 3		273
Acute Care Hospitals	0.0	Transferri ng	<b>62. 6</b>		16. 1	21. 2		273
Psych. HospMR/DD Facilities	44. 4	Toilet Use	31. 5		38. 1	30. 4		273
Rehabilitation Hospitals	0. 0	Eati ng	38. 8		37. 7	23. 4		273
Other Locations	<b>55. 6</b>	***********	******	******	******	********	*****	*****
Total Number of Admissions	9	Continence	1 0 .1 .		pecial Trea			%
Percent Discharges To:		Indwelling Or Externa		1.5		Respiratory Care		3. 3
Private Home/No Home Health	0.0	0cc/Freq. Incontinent		55. 3	Recei vi ng	Tracheostomy Care		0. 7
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Rowel	42. 5		Suctioning		1. 1
Other Nursing Homes	8. 7	M-L-11-				Ostomy Care		0. 0
Acute Care Hospitals	0. 0 0. 0	Mobility   Physically Restrained	1	1. 1		Tube Feeding	Diata	9. 2 46. 5
Psych. HospMR/DD Facilities Rehabilitation Hospitals	0. 0	rnysicarry kestrarnet	1	1. 1	Recei vi lig	Mechanically Altered	brets	40. 3
Other Locations	69. 6	Skin Care		0	than Dagida	ent Characteristics		
Deaths	21.7	With Pressure Sores		1. 1		ice Directives		1. 1
Total Number of Discharges	ω1. <i>1</i>	With Rashes			edications	ice birectives		1. 1
(Including Deaths)	23	with washes		U. 2 IV.		Psychoactive Drugs		54. 2
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Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

		· · · · · · · · · · · · · · · · · · ·					
	Thi s		DD	Al l			
	Facility	Fac	ilities	Faci	lties		
	%	%	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	76. 2	85. 5	0. 89	84. 5	0. 90		
Current Residents from In-County	12. 1	42. 1	0. 29	77. 5	0. 16		
Admissions from In-County, Still Residing	0. 0	19. 5	0. 00	21. 5	0.00		
Admissions/Average Daily Census	3. 2	16. 4	0. 20	124. 3	0. 03		
Discharges/Average Daily Census	8. 2	19. 2	0. 43	126. 1	0. 07		
Discharges To Private Residence/Average Daily Census	0. 0	9. 2	0.00	49. 9	0.00		
Residents Receiving Skilled Care	0. 0	0. 0	0.00	83. 3	0.00		
Residents Aged 65 and Older	4. 4	16. 2	0. 27	87. 7	0. 05		
Title 19 (Medicaid) Funded Residents	100. 0	99. 5	1. 01	69. 0	1. 45		
Private Pay Funded Residents	0. 0	0. 5	0. 00	22. 6	0.00		
Developmentally Disabled Residents	100. 0	99. 3	1. 01	7. 6	13. 09		
Mentally Ill Residents	0. 0	0. 5	0.00	33. 3	0.00		
General Medical Service Residents	0. 0	0. 2	0.00	18. 4	0.00		
Impaired ADL (Mean)*	49. 7	50. 8	0. 98	49. 4	1. 01		
Psychological Problems	54. 2	45. 9	1. 18	50. 1	1. 08		
Nursing Care Required (Mean)*	8. 9	11. 0	0. 81	7. 2	1. 24		